

**Nebraska Department of Health and Human Services
Regulation and Licensure Credentialing Division
PO Box 94986, Lincoln, NE 68509-4986
Phone: (402) 471-4376 Fax: (402) 471-1066**

TO: Applicant for Licensure as an Advanced Practice Registered Nurse (APRN)

We are pleased that you wish to practice nursing in an advanced role in Nebraska. Authority to practice in Nebraska as an Advanced Practice Registered Nurse is based upon two criteria:

1. Requirements for Licensure as an APRN; and
2. Requirements Prior to Commencing Practice

REQUIREMENTS FOR LICENSURE

To qualify for licensure in an advance role in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state license in another compact state under the Nurse Licensure Compact Act;
2. Have completed an approved program which included both a didactic component and a preceptorship of five hundred contact hours, and includes instruction in biological, behavioral, and health sciences relevant to practice in a specific clinical area. If you graduated after July 1006, you must have a master's or doctorate degree to qualify to practice except for Women's Health/OB-GYN or Neonatal;
3. Have successfully completed thirty (30) contact hours of academic education in pharmacotherapeutics;
4. Have taken and passed a national credentialing examination pertaining to the specific Advanced Practice Registered Nurse role in nursing that has been approved by the Board; and,
5. Within the previous five years, have graduated or practiced within the specific Advanced Practice Registered Nurse role.
6. Submit to a criminal background check.

To apply for licensure, you must submit the following:

1. **APPLICATION**
2. **FEE** of \$100. This fee is non-refundable.
3. **OFFICIAL TRANSCRIPT.** You will need to verify 30 contact hours of pharmacotherapeutics if not indicated on your transcript. If your master's/doctorate degree is from a different program than your nurse practitioner program, we will need an official copy of your transcript documenting the master's/doctorate as well as the nurse practitioner program. Transcripts must be submitted directly from the institution where you completed your advanced course of study. The institution may charge a fee for this service.
4. **NATIONAL CERTIFICATION.** Verification of having passed a national credentialing examination and verification of current national certification must be submitted from the national certifying organization. If you are a new graduate, please make arrangements for the examination results to be sent to our office.
5. **ACTIVE RN LICENSURE VERIFICATION.** If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse License Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state RN license in that state, please refer to the instructions on the NURSUS License Verification Request Form. If your primary state of residence is a compact state and you have a multi-state RN license in that state and it is not covered by NURSUS, please contact the state directly for Verification of Primary State (form enclosed). If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.

Primary state of residence, under the Nurse Licensure Compact, means that it is your declared fixed permanent and principal home for legal purposes and is your domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

Click [here](#) for a current list of compact state sites.

6. Completed criminal background check (see enclosed instructions).

Temporary Permits. A temporary permit, as part of the licensure process, may be issued to:

1. Graduates pending results of the first credentialing examination following graduation if a written test is given and for 60 days when computerized testing is offered;
2. Applicants, for 120 days, who are lawfully authorized to practice in an advanced role in another state pending completion of the application process; or to
3. Applicants for purposes of a reentry program or supervised practice.

To apply for a temporary permit as a new graduate, you must submit the following:

1. Application for licensure;
2. Application fee of \$100 which is non-refundable (this fee also covers the permanent license);
3. **In-state** graduates: A completion letter from your advanced practice program OR **Out-of-state** graduates, an Official Transcript. **In-state** graduates must have an Official Transcript submitted prior to licensure;
4. Verification that you are seated for the first certifying examination following graduation (a copy of your authorization will meet this requirement) or a copy of your authorization to test when computerized testing is offered.
5. If RN licensure is other than Nebraska, verification of active multi-state license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

To apply for a temporary permit, if you have current advanced practice licensure/recognition in another state, you must submit the following:

1. Application for advanced practice licensure;
2. Application fee of \$100 which is non-refundable (this fee also covers the permanent license);
3. A notarized copy of advanced practice licensure/recognition in another state;
4. A notarized copy of proof of current national certification; and
5. If RN licensure is other than Nebraska, verification of active multi-state license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

To apply for a temporary permit if you have not graduated or practiced within the past five years and need to take a reentry program or complete supervised practice, you must submit:

1. Application for licensure;
2. Application fee of \$100 which is non-refundable (this fee also covers the permanent license);
3. An Official Transcript;
4. Verification that you are registered for a reentry program or have made arrangements for supervised practice; and
5. If RN licensure is other than Nebraska, verification of active multi-state license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

YOU MUST HAVE EITHER A LICENSE OR A TEMPORARY PERMIT PRIOR TO PRACTICING.

Once your credentials begin arriving in our office you have 60 days to complete your application. After that time an incomplete application file will be discarded.

www.hhs.state.ne.us/crl/nursing/aprn/aprn_app.pdf

REQUIREMENTS PRIOR TO COMMENCING PRACTICE

Requirements prior to commencing practice in Nebraska are:

1. Licensure as APRN;
2. An Integrated Practice Agreement(s);
3. Proof of Liability Insurance; and
4. Jointly Approved Protocols WHEN:
 - (a) you have not completed 2000 hours of advanced nursing practice under the supervision of a physician.
 - (b) you cannot demonstrate separate course work from an approved program in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology to include 45 advanced academic contact hours each;
or
 - (c) you do not have a master's or doctorate degree.

If you meet the requirements for Practice Without Protocols, you must submit an Attestation of Supervised Practice for Practice Without Protocols.

Prior to commencing practice in Nebraska, you must submit an Integrated Practice Agreement or request a Waiver, an Attestation of Liability Insurance, and an Attestation of Supervised Practice for Practice Without Protocols, or an Attestation of Jointly Approved Protocols.

APPLICATION COMPLETION REMINDERS

- ☐ Have you completed your application and had it notarized?
 - ☐ Have you submitted the required \$100 fee?
 - ☐ Have you requested an Official Transcript(s)? There will be a required fee for this service.
 - ☐ Have you requested verification from your National Certification Program?
 - ☐ Have you submitted the appropriate requirements for a temporary permit if you are requesting same?
 - ☐ Have you had your fingerprints submitted according to the enclosed instructions?
5. If after carefully reading these instructions you have questions regarding this process, or need assistance in completing the procedure, please call (402) 471-4375.

CRIMINAL BACKGROUND CHECKS

Instructions

LB 306 was passed by the 2005 Nebraska Legislature. This law goes into effect September 4, 2005, and will be codified as Neb. Rev. Stat. §71-104.01.

An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances as determined by the department shall be subject to a criminal background check. The applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. This section shall not apply to dentists who are applicants for temporary practice rights (locum tenens) under subdivision (5) of section 71-183.01 or to physicians and surgeons who are applicants for temporary practice rights (locum tenens) under subdivision (17) of section 71-1,103.

To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.

Fingerprinting Procedure

1. **If you received a printed application from our office**, two fingerprint cards were enclosed. Take the fingerprint cards to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. No appointment is necessary for the Lincoln location. The Lincoln location is open Monday through Friday, 8 a.m. to 4 p.m. for fingerprinting. You must call ahead to schedule an appointment at the Nebraska State Patrol offices located outside of Lincoln to ensure that someone will be there to conduct the fingerprinting. These offices have limited hours when fingerprinting will be conducted.
2. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.
3. **If you obtained your application online**, fingerprint cards can be obtained by contacting our office or from any State Patrol office or law enforcement agency.
4. **DO NOT FOLD THE FINGERPRINT CARDS.**
5. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
6. You may print your name, address, Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.** In the space on the fingerprint cards marked "Reason Fingerprinted", you should print the following: **"R & L Health Credentialing"**.

7. After the fingerprinting procedure is completed, the cards will be given to you. **DO NOT FOLD THE FINGERPRINT CARDS.** Place the cards in the envelope provided (if you obtained the cards from us), along with a personal check, money order or cashier's check for the appropriate fee listed below, payable to the Nebraska State Patrol, and drop it in the mail. If you obtained the cards from a State Patrol office or other law enforcement agency, you will need to place the cards and the payment in an envelope addressed to:

Nebraska State Patrol
CID Division
P.O. Box 94907
Lincoln, NE 68509

Fees

Fingerprints submitted on or after June 1, 2006, must include payment of \$38.00.

8. It may take several weeks for your criminal background check to be received by the Department. No licensing decision will be made until all information is received.

Offices of the Nebraska State Patrol

Days/Hours that Fingerprinting is Conducted

Troop A
4411 S. 108th St.
Omaha, NE 68137
Phone: 402/595-2410

Wednesday mornings from 8:00 a.m. to noon
(appointment required)

Troop B
1401 Eisenhower Ave.
Norfolk, NE 68701
Phone: 402/370-3456

Usually on Tuesdays
(appointment required)

Troop C
3431 Potash
Grand Island, NE 68802
Phone: 308/385-6000

Mondays from 10:00 a.m. to noon
and from 1:00 p.m. to 2:45 p.m.
(appointment required)

Troop D
300 West South River Road
North Platte, NE 69101
Phone: 308/535-8265 ext. 219

Monday, Tuesday, Thursday, Friday
from 8:30 a.m. to 5:00 p.m.
Wednesday from 8:30 a.m. to 2:30 p.m.
(appointment required)

Troop E
4500 Avenue I
Scottsbluff, NE 69361
Phone: 308/632-1211

Wednesdays after 1:00 p.m.
(appointment required)

Criminal Identification Division (CID)
233 S. 10th St.
Lincoln, NE 68508

Monday through Friday 8:00 a.m. to 4:00 p.m.
(no appointment necessary)

This form may be completed online, printed and mailed to the address listed below.

**Department of Health & Human Services Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509**

<http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm>

(402) 471-2666 or fax (402) 471-1066

Fee: \$100.00 – Non-Refundable

APPLICATION FOR LICENSURE: ADVANCED PRACTICE REGISTERED NURSE

A. Personal Information:

Name:	Last	First	Middle	Previously used names
Address	Street/PO/Route			
	City	State		Zip
Telephone	Home		Work	
Social Security #		Date of Birth	Place of Birth	

B. Education: (Please note. If you graduated after July 1996 you must have a Master's/Doctorate degree in nursing to be eligible for practice in Nebraska except for the specialties of Women's Health or Neonatal).

Advanced Practice Educational Program Name:

Address	Street/PO/Route		
	City	State	Zip
Date Completed		Specialty	
Credential			

Do you have at least 30 academic contact hours of pharmacotherapeutics? (answer Yes or No)

Name and Location of program granting Masters/Doctorate degree if different than advanced practice program:

Program Name			
Address	Street/PO/Route		
	City	State	Zip

Temporary Permit: If you are a new graduate and requesting a temporary permit prior to the availability of your official transcript, you must have the advanced nursing education program chair submit a letter attesting to your successful completion of program requirements. If you have been previously authorized in another state and requesting a temporary permit to practice in Nebraska during the application process, you must submit a copy of your authority to practice, i.e., license or certificate, from the other state in which you were authorized.

An Official transcript must be submitted directly from your advanced nursing program. If your master's degree is from a different program than your advanced practice education, we must have an official copy of your transcript from your master's degree as well. Ask the program to indicate your current name if transcripts are in a different name.

C. License Eligibility Information:			
1	You must hold a current license as a Registered Nurse in Nebraska or hold a multi-state license from another compact state under the Nurse License Compact Act. (Please see the instruction sheet for a listing of compact states and further instructions regarding provision of verification.)		
	State:	License #:	
			You must answer Yes or No
2	Have you ever been denied a license/certificate to practice in another state or jurisdiction?		
3	Are there any pending complaints or disciplinary action, OR have disciplinary proceedings ever been instituted against any license/certification by a licensing agency?		
4	Have you ever been convicted of or are there now pending any criminal or misdemeanor prosecutions against you in any court other than a minor traffic violation:		
If you answered yes to any question 2 through 4, please submit a letter of explanation.			
5	If more than five years have elapsed since you completed the advanced practice nursing program, have you practiced as an advanced practice registered nurse at least 2080 hours within the previous five years? (Answer Yes/No/NA)		

D. National Certification (You must have successfully passed/or be scheduled to take a national certifying examination to qualify for licensure in Nebraska).			
Name of Certifying Organization:			
Name of Examination			
Date Scheduled	OR	Year of Examination	And Certification #

Temporary Permits: If have not yet taken a national certifying examination, you must submit verification of being scheduled for the examination to be eligible for a temporary permit. Please submit a copy of your eligibility from the certifying organization. If you have already successfully passed a national certifying examination, please submit a copy of your current national certification status.

An official record from the national certifying body attesting to national certification must be submitted to qualify you for licensure. Please contact the Certifying Body and ask them to send official notification of the date of examination and current certification status.

State of _____ County of _____

I _____ confirm that I am the person referred to in this Application as an APRN in the State of Nebraska; that the statements here in are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

Licensure Fee is \$100 and is non-refundable. Make check or money order payable to Cashier's Office and return with application in the enclosed envelope.

Reminder: Please be sure to request an Official Transcript and Verification of National Certification to be sent directly to this office.

If your original state of licensure is **NOT** available on Nursys (see list on Nursys form), complete top half of this form and mail to your original state of licensure. (Contact that state for applicable fees.)

PART I: To be completed by the APPLICANT and forwarded to original state of licensure

Name	Last	First	Middle	Maiden	Previous Names
Address	Street/PO/Route				
	City		State	Zip	
Date of Birth	SS#		License Number		State
Name as it appears on original license				Original State of Licensure	
Original License #			Date Issued		
Nursing Education Program Completed			Location (state)		Graduation Date
LIST ALL OTHER STATE OF LICENSURE					
STATE		LICENSE NUMBER		DATE ISSUED	

I hereby authorize all identified Boards of Nursing to release my licensure data to the _____ Board of Nursing.

Signature _____ Date _____

PART II: To be completed by **LICENSING BOARD** and forwarded to Nebraska Board of Nursing

This is to certify that the above named individual was issued license number _____ Date issued _____
to practice ☐ Registered Nursing ☐ Practical/Vocation Nursing

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver
Current Licensure Status: ☐ Active ☐ Inactive ☐ Lapsed ☐ Expiration Date

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation) ?
If yes please explain _____

Nursing Education Program _____ Approved by State? _____

Location (state) _____ Graduation Date _____
Graduated from _____ High School _____ GED

STATE BOARD TEST POOL EXAM REGISTERED NURSE						LP/VN	NCLEX- RN	NCLEX-PN
	Medical Nursing	Psych Nursing	Obstetric Nursing	Surgical Nursing	Nursing of children			
Score								
Series/ form#								

State/ Provincial Constructed Exam _____ Score _____
CNATS Exam _____ Number of times applicant wrote exam _____
Other (Please explain) _____ Exam in English? _____

SEAL

Signature _____

Title _____

State _____ Date _____

Nebraska Department of Health & Human Services
Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509-4986
(402) 471-2666 Fax (402) 471-1066

INTEGRATED PRACTICE AGREEMENT

Between

APRN Name _____ Phone (H) _____ (W) _____
Address _____ APRN License _____
_____ Specialty _____

Hereinafter referred to as an Advanced Practice Registered Nurse (APRN) and legally defined as a registered nurse who meets the requirements established in Neb. Rev. Stat. §71-1722 and who holds a current license as an APRN issued by the department,

and, the collaborating physician named below:

MD/DO Name _____ Phone _____
Address _____ License # _____
_____ Specialty _____

Hereinafter referred to as a collaborating physician and legally defined as a physician or osteopathic physician licensed in Nebraska and practicing in the same geographic area and practice specialty, related specialty, or field of practice as the APRN.

Whereas the parties have developed this Integrated Practice Agreement provided for in Neb. Rev. Stat. §71-1716.03 and legally defined as a written agreement between an APRN and a collaborating physician in which the APRN and the collaborating physician provide for the delivery of health care through an integrated practice; and

Now therefore, it is agreed by and between the collaborating physician and the APRN hereto:

1. The APRN and collaborating physician shall practice collaboratively within the framework of their respective scopes of practice; and
2. The APRN and collaborating physician shall be responsible for his or her individual decisions in managing the health care of patients; and
3. The APRN and collaborating physician shall have joint responsibility for patient care based upon the scope of practice of each practitioner; and
4. The APRN and collaborating physician shall have jointly approved protocols which shall guide the APRN's practice **if:**
 - a) The APRN does not have a master's or doctorate degree in nursing;
 - or,
 - b) The APRN cannot demonstrate separate course work of 45 academic hours each in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology;

or,

c) The APRN does not have 2000 hours of practice under the supervision of a collaborating physician.

5. The collaborating physician shall be responsible for supervision through ready availability for consultation and direction of the activities of the APRN within the APRN's defined scope of practice to ensure the quality of health care provided to patients.

6. The collaborating physician and the APRN have a duty to notify the Department upon termination of the agreement.

State of _____ County of _____

I _____ confirm that I am the person referred to in this Integrated Practice Agreement as an Advanced Practitioner Registered Nurse (APRN) in the State of Nebraska; that the statements here in are true to the best of my knowledge and belief; and that I have read and understand the agreement.

Legal Signature of Applicant _____

Date _____

ATTESTATION

Section 1: ATTESTATION of Jointly Approved Protocols

(For those APRNs who do not have 2000 hours of supervised practice, a master or doctorate degree, and separate course work of 45 contact hours each at the advanced level in pharmacology, health assessment, and pathophysiology/psychopathology.)

This applies to all new graduates.

APRN Name _____ Physician Name _____

Whereas the above named APRN:

1. Does not have two thousand (2000) hours of supervised practice by a physician as required by Nebr. Rev. Stat. §71-1723.02; or
2. Does not have a Master's or Doctorate degree in nursing; or
3. Cannot demonstrate separate course work in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology to include 45 contact hours of graduate work in each area;

Now therefore, be it resolved hereto that prior to commencing practice:

1. The APRN must have an Integrated Practice Agreement with a collaborating physician provided for in Neb. Rev. Stat. §71-1716.03; and
2. The APRN must furnish proof of jointly approved protocols with a collaborating physician which shall guide the nurse practitioner's practice; and
3. The requirement of proof for jointly approved protocols shall be met by the submission to the Department of Health and Human Services Regulation and Licensure, Credentialing Division this signed and verified ATTESTATION of Jointly Approved Protocols.

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Attestation of Jointly Approved Protocols as an Advanced Practice Registered Nurse (APRN) in the State of Nebraska; that the above named collaborating physician and I have an Integrated Practice Agreement; that I attest the above named collaborating physician and myself have jointly approved protocols that shall guide my practice; and, that upon request will provide the jointly approved protocols.

Legal Signature of Applicant _____

Date _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Attestation of Jointly Approved Protocols as a collaborating physician in the State of Nebraska; that the above named Advanced Practice Registered Nurse (APRN) and I have an Integrated Practice Agreement; that I attest the above named APRN and myself have jointly approved protocols that shall guide the APRN's practice; and, that upon request will provide the jointly approved protocols.

Legal Signature of Applicant _____

Date _____

Nebraska Department of Health & Human Services
Regulation and Licensure, Credentialing Division, PO Box 94986
Lincoln NE 68509-4986 (402) 471-2666 Fax (402) 471-1066
ATTESTATION

Section 2 ATTESTATION of Supervised Practice for Practice Without Protocols

For those APRNs who have a master's degree or a doctorate degree in nursing, who have separate course work in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology to include 45 contact hours of graduate work in each area, and who have completed 2000 hours of advanced nursing practice under the supervision of a physician.

APRN Name _____

Whereas the above named APRN has a master's degree or doctorate degree in nursing; and

Whereas the above named APRN can demonstrate separate course work in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology by submission of a transcript(s) or official verification from an approved program consisting of 45 contact hours of graduate work in each of the identified areas;

Now therefore, be it resolved hereto that prior to commencing practice without proof of protocols:

The above named APRN must have completed two thousand (2000) hours of practice under the supervision of a physician; and

That submission to the Department of Health, Professional and Occupational Licensing Division this signed and verified ATTESTATION of Supervised Practice for Practice Without Protocols shall serve to meet the requirement for supervised practice.

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person identified above as an Advanced Practice Registered Nurse (APRN) in the State of Nebraska; that I have completed two thousand (2000) hours of advanced practice nursing under the supervision of a physician; and that upon request will provide proof of such supervised practice.

Legal Signature of Applicant _____

Date _____

NOTICE

TO: Whom It May Concern

FROM: Becky Wisell, Section Administrator, Medical & Specialized Health

DATE: January 3, 2000

SUBJECT: Nebraska Controlled Substances Registration No Longer Required After January 1, 2000

Effective January 1, 2000, Nebraska will no longer require a mandatory *state* controlled substances registration. If a practitioner or facility intends to prescribe, administer, dispense, purchase, manufacture, or distribute controlled substances in Nebraska, he/she will be required to provide a copy of a current *federal* registration at the time of initial licensure or renewal of an existing license/permit.

If you do not currently have a federal registration, you may obtain an application by calling (888) 803-1179.

If the practitioner receives an initial DEA registration *after licensure but prior to renewal of that license*, a copy needs to be submitted to our office at the following address:

ATTN: Controlled Substances
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986

Our telephone number is (402) 471-2118 if you have questions.

Changes to Practice Address

Each time a practitioner or facility changes his/her practice address, it must be reported to the Federal DEA Office in writing. Their address is:

U.S. Department of Justice
DEA, St. Louis Field Division
7911 Forsyth Blvd, Ste. 500
St. Louis, MO 63105

Their telephone number is (888) 803-1179 if you have questions.

Nebraska Department of Health & Human Services System
Regulation & Licensure, Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986
402-471-4376 or fax 402-471-1066

Affidavit of Practice/Non-Practice

You must complete the following:

_____ I **have not** practiced as an APRN (Advance Practice RN) *in Nebraska* prior to my application for licensure.

_____ I **have** practiced an APRN *in Nebraska* prior to my application for licensure.

The actual number of partial or whole days that I practiced without authority is _____.

If you have practiced nursing without a license/temporary permit or proper authority under the Nurse Licensure Compact, you will be required to pay an administrative penalty fee of \$10 for each day you practiced up to a maximum of \$1,000. You may enclose any penalty due with this form. If you do not enclose the penalty you will receive a Notice of Administrative Assessment and you will be required to pay the penalty at that time.

Employer Information:

Name

Address

Telephone Number

Personal Information:

Print Your Name: _____ Your License #: _____

Daytime Phone Number: _____

Affidavit:

State of _____ County of _____, I _____ being duly sworn, say that I am the person referred to in this affidavit, that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant

Date